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## **TRANSMITTAL FORM**

*(to be used for all correspondence during pendency of  
filed application)*

|   |    |                        |                   |
|---|----|------------------------|-------------------|
|  <p><b>TRANSMITTAL FORM</b></p> <p><i>(to be used for all correspondence during pendency of filed application)</i></p> |    | Application Number     | 09/507,768        |
|   |    | Filing Date            | February 18, 2000 |
|   |    | First Named Inventor   | Sergio Lazzarotto |
|   |    | Group Art Unit Number  | 2662              |
|   |    | Examiner Name          | Timothy L. Lee    |
| Total Number of Pages in This Submission  | 26 | Attorney Docket Number | 19414-04617       |

**ENCLOSURES** (*check all that apply*)



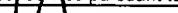
**REMARKS:**

**SIGNATURE OF ATTORNEY OR AGENT**

|                    |   |        |           |
|--------------------|---|--------|-----------|
| Signature:         |  |        |           |
| Attorney/Reg. No.: | Hector J. Ribera, Reg. No. 54,397   | Dated: | 6/25/2004 |

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

|   |   |        |            |
|---|---|--------|------------|
| Signature:                              |  |        |            |
| Typed or Printed Name:                  | Hector J. Ribera  | Dated: | 10/25/2004 |
| Express Mail Mailing Number (optional): |   |        |            |

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JC37

# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)**1,104**

| Complete if Known    |                   |
|----------------------|-------------------|
| Application Number   | 09/507,768        |
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| Examiner Name        | Timothy L. Lee    |
| Art Unit             | 2662              |
| Attorney Docket No.  | 19414-04617       |

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## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number **19-2555**

Deposit Account Name **Fenwick & West LLP**

The Commissioner is authorized to: (check all that apply)  
 Charge fee(s) indicated below  Credit any overpayments  
 Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

| Fee                 | Fee   | Fee         | Fee Description | Fee Paid               |
|---------------------|-------|-------------|-----------------|------------------------|
| Code                | (\\$) | Code        | (\\$)           |                        |
| 1001                | 790   | 2001        | 395             | Utility filing fee     |
| 1002                | 350   | 2002        | 175             | Design filing fee      |
| 1003                | 550   | 2003        | 275             | Plant filing fee       |
| 1004                | 790   | 2004        | 395             | Reissue filing fee     |
| 1005                | 160   | 2005        | 80              | Provisional filing fee |
| <b>SUBTOTAL (1)</b> |       | <b>(\$)</b> | <b>.00</b>      |                        |

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------|--------------|----------------|----------|
| 42           | -40** = 2    | x 18           | = 36     |
| 5            | -4** = 1     | x 88           | = 88     |

Multiple Dependent

| Large Entity        | Small Entity | Fee Description |            |   |
|---------------------|--------------|-----------------|------------|---|
| Fee                 | Fee          | Fee Description |            |   |
| Code                | (\\$)        | Code            | (\\$)      |   |
| 1202                | 18           | 2202            | 9          | Claims in excess of 20                                    |
| 1201                | 88           | 2201            | 44         | Independent claims in excess of 3                         |
| 1203                | 300          | 2203            | 150        | Multiple dependent claim, if not paid                     |
| 1204                | 88           | 2204            | 44         | **Reissue independent claims over original patent         |
| 1205                | 18           | 2205            | 9          | **Reissue claims in excess of 20 and over original patent |
| <b>SUBTOTAL (2)</b> |              | <b>(\$)</b>     | <b>124</b> |   |

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

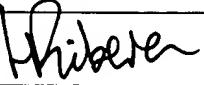
### 3. ADDITIONAL FEES

| Large Entity              | Small Entity | Fee Description | Fee Paid   |
|---------------------------|--------------|-----------------|------------|
| Fee Code                  | Fee (\$)     | Fee Code        | Fee (\$)   |
| 1051                      | 130          | 2051            | 65         |
| 1052                      | 50           | 2052            | 25         |
| 1053                      | 130          | 1053            | 130        |
| 1812                      | 2,520        | 1812            | 2,520      |
| 1804                      | 920*         | 1804            | 920*       |
| 1805                      | 1,840*       | 1805            | 1,840*     |
| 1251                      | 110          | 2251            | 55         |
| 1252                      | 430          | 2252            | 215        |
| 1253                      | 980          | 2253            | 490        |
| 1254                      | 1,530        | 2254            | 765        |
| 1255                      | 2,080        | 2255            | 1,040      |
| 1401                      | 340          | 2401            | 170        |
| 1402                      | 340          | 2402            | 170        |
| 1403                      | 300          | 2403            | 150        |
| 1451                      | 1,510        | 1451            | 1,510      |
| 1452                      | 110          | 2452            | 55         |
| 1453                      | 1,370        | 2453            | 685        |
| 1501                      | 1,370        | 2501            | 685        |
| 1502                      | 490          | 2502            | 245        |
| 1503                      | 660          | 2503            | 330        |
| 1460                      | 130          | 1460            | 130        |
| 1807                      | 50           | 1807            | 50         |
| 1806                      | 180          | 1806            | 180        |
| 8021                      | 40           | 8021            | 40         |
| 1809                      | 790          | 2809            | 395        |
| 1810                      | 790          | 2810            | 395        |
| 1801                      | 790          | 2801            | 395        |
| 1802                      | 900          | 1802            | 900        |
| Other fee (specify) _____ |              |                 |            |
| <b>SUBTOTAL (3)</b>       |              | <b>(\$)</b>     | <b>980</b> |

\*Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Name (Print/Type) **Hector J. Ribera** Registration No. (Attorney/Agent) **5,397** Telephone (650) 335-7192

|           |   |      |                   |
|-----------|---|------|-------------------|
| Signature |  | Date | <b>10/28/2004</b> |
|-----------|---|------|-------------------|